

Compare

Your Utah Medicaid HMO Choices

An HMO Health Care Report Card that shows:

1998 Consumer survey results

1997 HMO performance measures

Find out how your HMO rates in:

Quality of service

How easy it is to get care

How they treat their members

Preventive health care



From Utah Department of
Health and Medicaid HMOs
April, 2000

Dear Medicaid HMO Member:

You make a very important decision when you choose an HMO (Health Maintenance Organization). In Utah you can choose from several HMOs.

I am giving you this HMO report card to show you some of the different things Medicaid members told an independent company about their HMOs. Use what we've learned to help you choose the Medicaid HMO that best meets your needs.

This report card tells you:

- How HMOs work
- How the five Medicaid HMOs were rated by consumers
- How well the HMOs did their job taking care of patients

You can use this information to:

- Talk with your HMO representatives
- Talk with your Medicaid representatives
- Choose an HMO
- Talk with your doctor

HMOs report to Medicaid about the quality of care they provide. These reports help improve the care you receive. Remember you have the right to high quality health care.

Sincerely,



Michael Deily
Director of Medicaid
Division of Health Care Financing
Utah Department of Health

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You have the right to get medical care regardless of your race, color, nationality, disability, age, sex, or religion. If you feel you have been treated unfairly or discriminated against for any reason, call your HMO and ask to speak with the Civil Rights Coordinator.

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About HMOs and Medicaid

If you live in Davis, Salt Lake, Utah, or Weber County and have Medicaid you probably have an HMO (Health Maintenance Organization).

This report card compares how the members of Medicaid HMOs said they were served last year. Your own experience in an HMO could be different from those surveyed.

You have the right to high quality health care from your HMO and your doctor. Use this guide to help you choose the HMO plan that best meets your needs.

You make a very important decision when you choose an HMO. This HMO report card shows you some of the things Medicaid learned about the HMOs from Medicaid HMO members who were surveyed.

What this report card is about:

- ☐ Pages 6-15 tell you what Medicaid HMO members said about their HMOs.
- ☐ Pages 16-18 have performance information from HMO records of health care members received.
- ☐ Page 20 is a list of useful numbers to call for more information.

What is an HMO?

An HMO offers prepaid health coverage for hospital, doctor, and other medical services. The HMO contracts with certain doctors, hospitals, and other health care providers who work together to provide care to the members of the HMO.

Which HMOs can I choose from in the State of Utah?

(See page 19 for HMOs available in your county.)

- ☐ AFC (American Family Care)
- ☐ Altius (was PacifiCare)
- ☐ Healthy U (University of Utah)
- ☐ IHC Access (Intermountain Health Care)
- ☐ United MedChoice (UnitedHealthcare of Utah)

What is Medicaid and how do Medicaid HMOs work?

- ☐ Medicaid provides health coverage for eligible people who may not have health insurance.
- ☐ Medicaid contracts with HMOs to cover most Medicaid benefits. (See page 20 for Medicaid benefits not covered by HMOs.)
- ☐ Each HMO contracts with certain doctors and hospitals who work together to provide health care to the members of the HMO.

How do I choose or change my HMO?

- ☐ Ask your HPR (Health Program Representative).
- ☐ Fill in the worksheet on page 19 of this report card to help you choose or change your HMO.

About this report

Where does this information come from?

❑ **Utah's 1998 HMO Member Survey**

The survey* asked HMO members about experiences with their HMOs and their medical care during the last 6 months. It asked about things members know best, such as, "Was it easy to get the care?" and "Did doctors explain things in a way you could understand?"

More than 2,700 members in 5 Medicaid HMOs completed telephone interviews from June to October 1998. Adults spoke for themselves and parents answered for their children. Over 67% of those reached by phone completed an interview.

The Utah Department of Health hired an independent company, DataStat, to do the interviews. People were randomly chosen to be in the survey and the confidentiality of their answers was assured.

The survey collected information that can help consumers choose an HMO and can be used by Medicaid and HMOs to make improvements.

❑ **HMO Performance Measures 1997 HEDIS****

Cancer screenings, well child visits and childhood immunizations are a few examples of HEDIS measures. The percentage of HMO patients receiving those preventative services reflect the overall performance of an HMO. HMOs use their health care record information to report the data and outside auditors check the data for accuracy and then approve or reject the report.

Which plans participated?

HMO plans participating in the Member Survey and the HEDIS project included:

- ❑ AFC (American Family Care)***
- ❑ Altius (formerly PacifiCare of Utah)
- ❑ Healthy U (University of Utah)***
- ❑ IHC Access (Intermountain Health Care)
- ❑ United MedChoice (UnitedHealthcare of Utah)

HMOs contracting with Medicaid in 1997 and 1998 were included in this report.

Who created this report card?

This report card was written by staff from the Bureau of Managed Health Care and the Office of Health Care Statistics in the Utah Department of Health. Collection of data was a cooperative effort of the Utah Department of Health and Utah's HMOs.

All information in this report has been checked for accuracy by organizations which are independent of the Utah Department of Health and the HMOs.

For additional copies of this report card call the Office of Health Care Statistics at (801) 538-7048.

** Questions were developed and tested by a team of research scientists in a large national project, CAHPS (Consumer Assessment of Health Plans).*

The questions became part of the CAHPS member survey that is used nationwide.

*** HEDIS (Health Plan Employer Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA).*

NCQA is a not-for-profit organization that assesses, measures, and reports on the quality of care provided by the nation's HMOs. www.ncqa.org

**** No HEDIS data for 1997*

A quick look at how HMOs compare

An independent survey company called over 2,700 Medicaid HMO members and asked questions about the health services they received in the past 6 months.

Here are some of the things they said...

What the stars mean

Better than other HMOs E E E

About the same as other HMOs E E

Worse than other HMOs E

The stars on these pages tell how each HMO compares to the average of other HMOs and shows differences among HMOs.

If all HMOs have two stars it means all the HMOs were rated about the same. Use the bar graphs on pages 9-15 to see how well or how poorly each HMO was rated by members surveyed.

HMO	Members said they are:		
	Getting needed health care	Getting health care without long waits	Getting good HMO customer service and information
AFC (American Family Care)	E E	E E E	E E
Altius	E E	E	E
Healthy U	E E	E E	E E
IHC Access	E E	E E	E E
United MedChoice	E E	E E	E E E
For details see:	pg 9	pg 10	pg 11

How Members rated:			Members said:			
The health care they received	Their HMO (Health Maintenance Organization)	Their personal doctor or nurse	They were treated with courtesy and respect by doctor's office staff	Their doctors communicated well with them	They were satisfied with their HMO	They would recommend their HMO to friends & family
E E	E E	E E	E E E	E E E	E E	E E
E E	E E	E E	E	E	E	E
E E	E E	E E	E E	E E	E E	E
E E	E E	E E	E E E	E E	E E	E E
E E	E E	E E	E E	E E	E E E	E E
pg 12	pg 13	---	pg 14	pg15	---	---

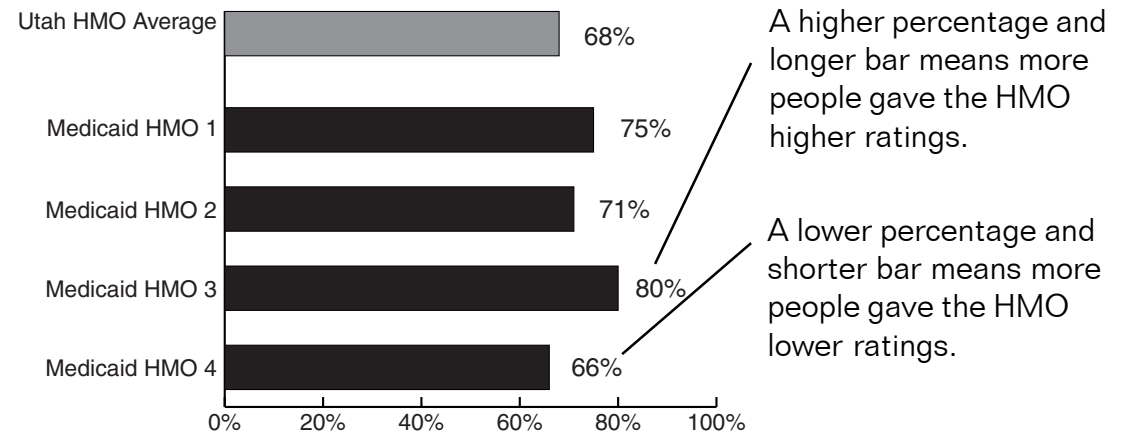
Stars show the results of statistical tests. The tests check to see if the difference between an HMO's score and the average score for all other HMOs is big enough to be "statistically significant." To be sure the results are not influenced by a sicker or healthier plan membership, each HMO's results were adjusted for members' ages and self-reported health status.

For more details
turn to the bar
graphs on
pages 9-15

What do the graphs tell you?

The bar graphs on pages 9-15 show Medicaid members' answers to different survey questions. Bar graphs on pages 16-18 show how each HMO performed in different areas of health care.

The top bar of each graph shows the Utah Medicaid HMO average. Results for each participating HMO follow, in alphabetical order. The results, in scores or percentages, are for one topic. Topics include from one to four survey question or one HEDIS measure.

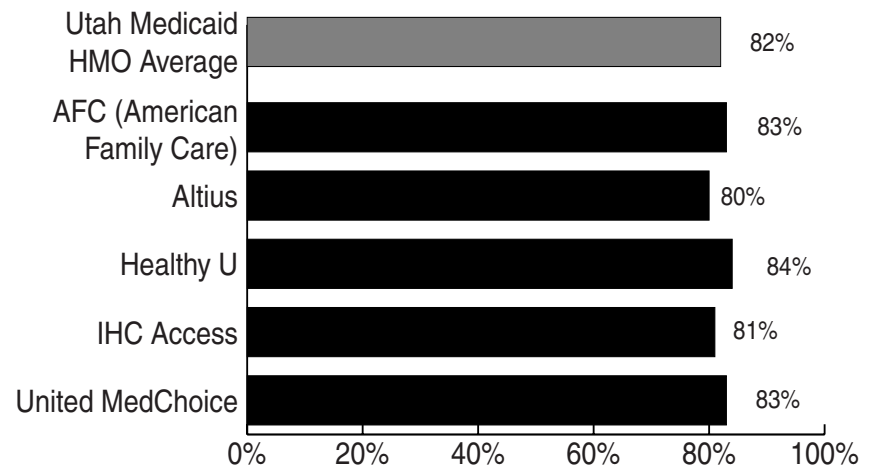


Getting needed health care

Percent who said they did not have a problem getting needed health care

The bar graph shows Medicaid HMO members' answers to four survey questions. These questions were about getting needed care during the last six months. On average, 82% said they **did not have a problem**:

- Finding a personal doctor or nurse.
- Getting a referral to see a specialist that they wanted to see.
- Getting the care they and their doctor believed necessary.
- Getting care approved by the HMO without delay.



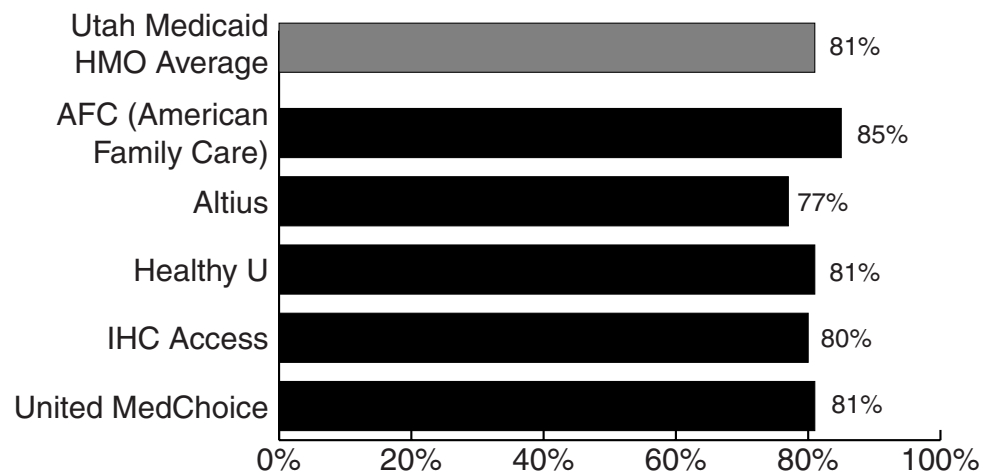
From 80% to 84% of members said they did not have a problem getting needed care from their HMO. The differences among HMOs are small and not significant.

Getting health care without long waits

Percent who said they usually or always received care without long waits

The bar graph shows Medicaid HMO members' answers to four questions. These questions were about getting care without long waits during the last six months. On average, 81% said they **usually or always**:

- Received the help or advice they needed when they called the doctors' office during regular hours.
- Received treatment as soon as they wanted when they were sick or injured.
- Got an appointment as soon as they wanted for regular or routine health care.
- Did not have to wait a long time (more than fifteen minutes past their appointment time) to see the person they went to see.



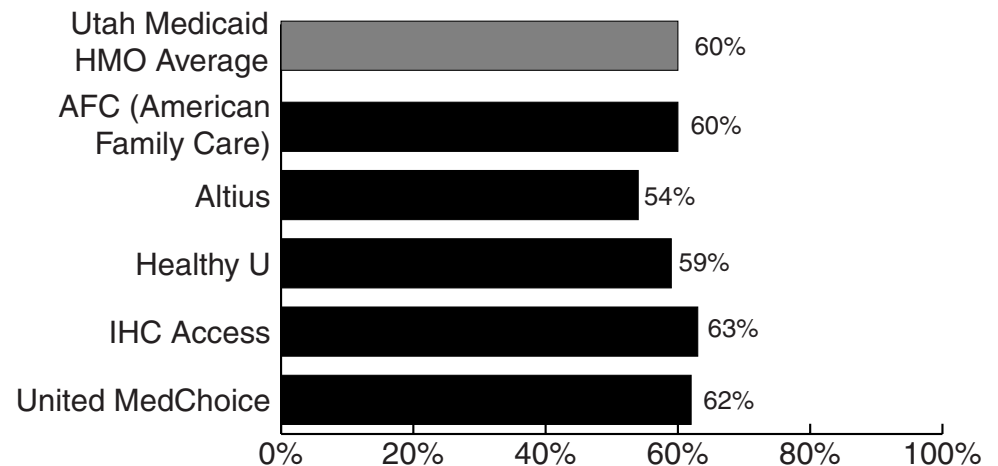
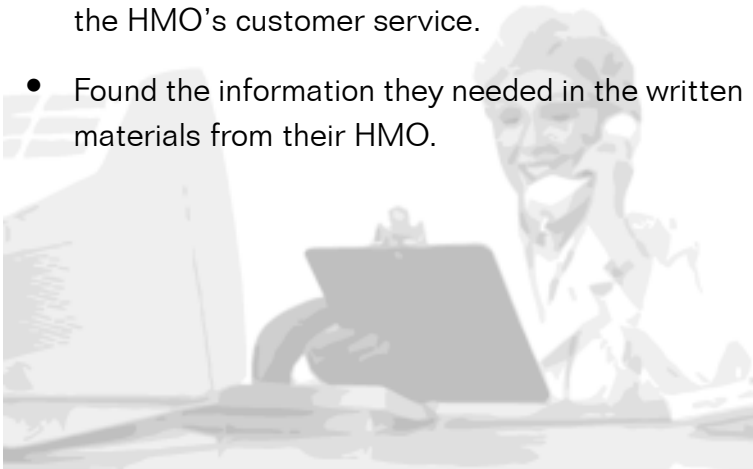
From 77% to 85% of members said they usually or always received needed care without long waits from their own HMO. One HMO is significantly above and one HMO is significantly below the Utah Medicaid HMO average.

Getting good HMO customer service & written information

Percent who said they usually or always received good customer service or written information

The bar graph shows Medicaid HMO members' answers to two survey questions. These questions were about HMO customer service and written information. Only those who used these services during the last six months were asked these questions. On average, 60% said they **usually or always**:

- Received the help they needed when they called the HMO's customer service.
- Found the information they needed in the written materials from their HMO.



From 54% to 63% of members said they usually or always received customer service or written information they needed from their HMO. One HMO is significantly above and one HMO is significantly below the Utah Medicaid HMO average.

How people rated their health care

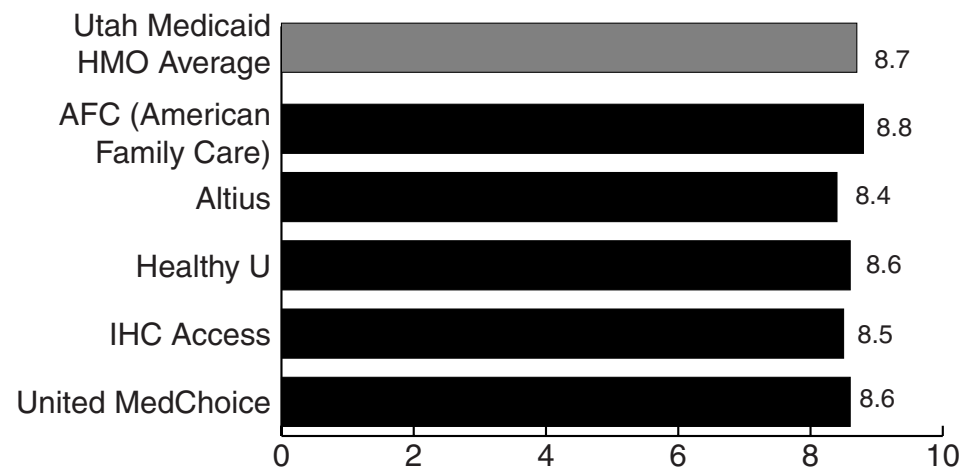
The bar graph shows Medicaid HMO members' answers to a survey question that asked for a rating of care received in the last six months from all doctors and other health providers, using any number on a scale from:

10 = "best health care possible"

to

0 = "worst health care possible"

Overall, the average score of all Utah Medicaid HMOs was 8.7 on a scale from 0 to 10.



The HMO Medicaid members rated their health care from 8.4 to 8.8. The differences in ratings among HMOs are not significant.

How people rated their HMO

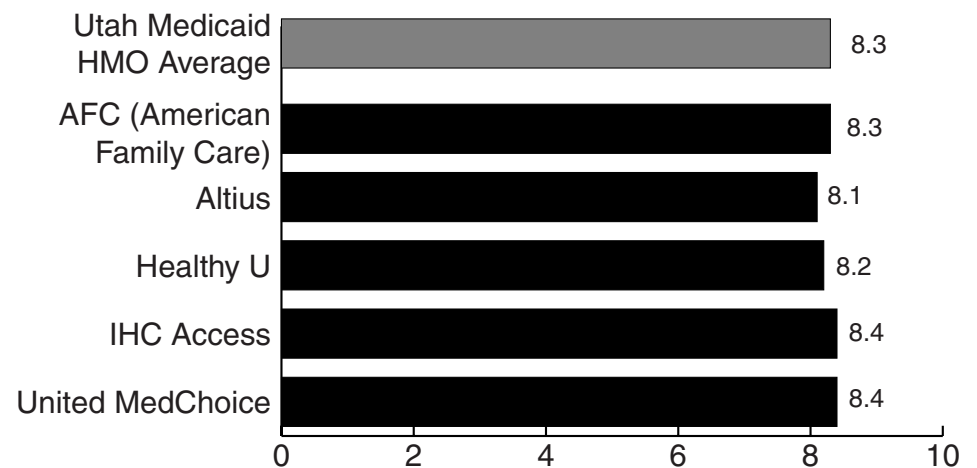
The bar graph shows Medicaid HMO members' answers to a survey question that asked for a rating of their HMO, using any number on a scale from:

10 = "best HMO possible"

to

0 = "worst HMO possible"

Overall, the average score of all Utah Medicaid HMOs was 8.3 on a scale from 0 to 10.



The HMO Medicaid members rated their HMO from 8.1 to 8.4. The five HMOs serving Medicaid members ranged from 8.4 to 8.8. The differences in ratings among HMOs are not significant.

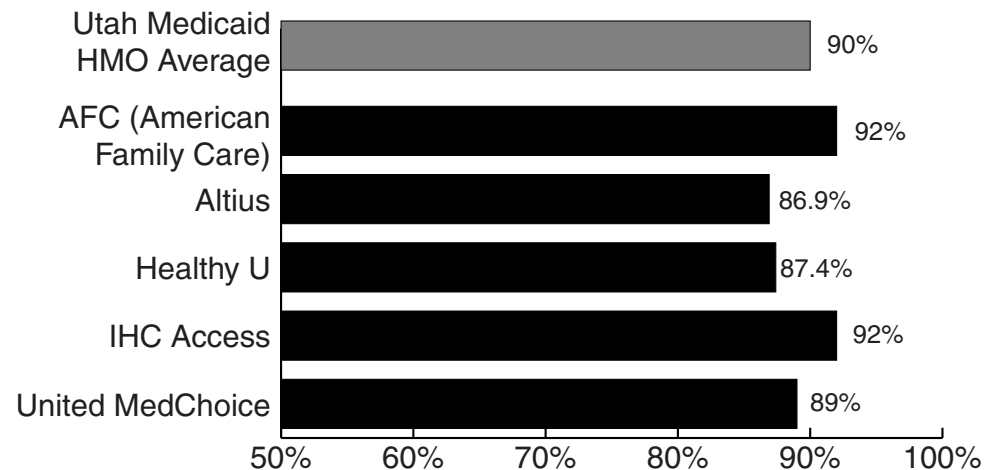


Courtesy, respect, and helpfulness of medical office staff

Percent who said the medical and office staff was usually or always courteous, respectful, and helpful.

The bar graph shows Medicaid HMO members' answers to two survey questions. These questions were about the courtesy, respect, and helpfulness of medical office staff. On average, 90% said they **usually** or **always**:

- Treated them with courtesy and respect.
- Were as helpful as they should be.



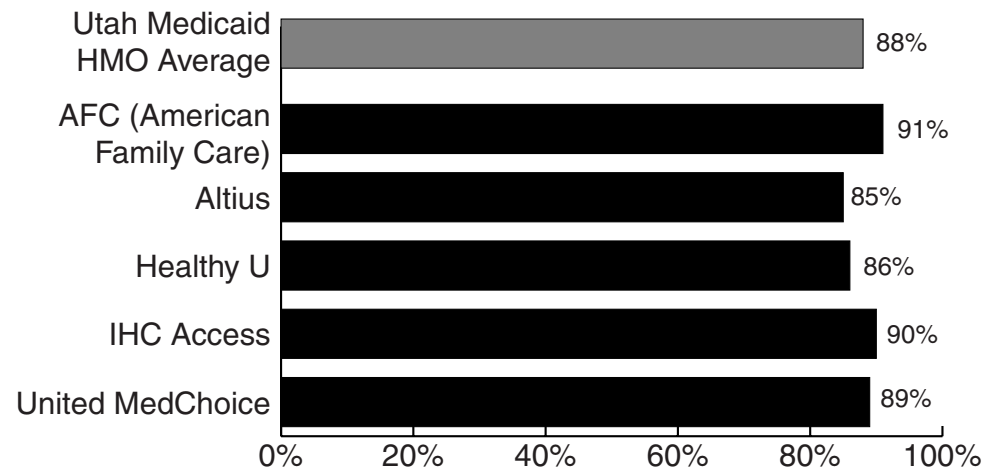
From 87% to 92% of members said staff of their own HMO were courteous, respectful and helpful. Two HMOs are significantly above and one is significantly below the average of the Utah Medicaid HMO average.

How well doctors communicate

Percent who said their doctor usually or always communicated well with them

The bar graph shows Medicaid HMO members' answers to four survey questions. These questions were about how well their doctor or other health provider communicated with them. On average, 88% said their doctor **usually** or **always**:

- Listened carefully to them.
- Explained things in a way they could understand.
- Showed respect for what they had to say.
- Spent enough time with them.



85% to 91% of members said doctors in their HMO usually or always communicated well with them. One HMO is significantly above and one HMO is significantly below Utah Medicaid HMO average.

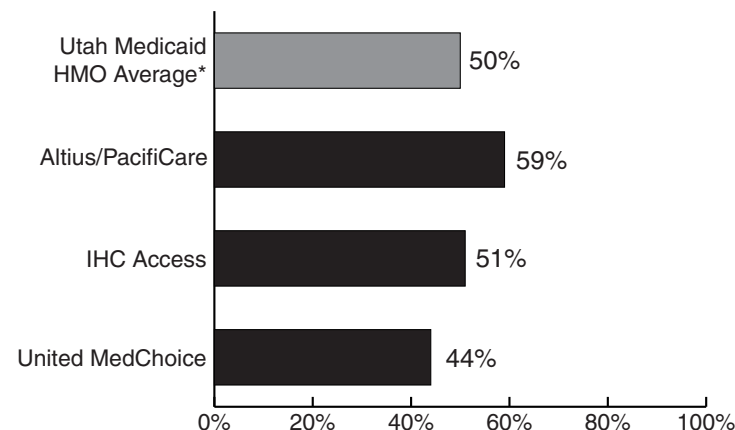
HEDIS (Health Plan Employer Data and Information Set)

HMOs report HEDIS performance measures to the state. HEDIS measures show how well the HMO does in providing preventive health services. These scores are based on 1997 HEDIS results, the most recent available.

Well-child visits for children

*Percentage of children, ages 3 through 6, in Utah Medicaid HMOs who had at least one **well-child** **checkup** in 1997*

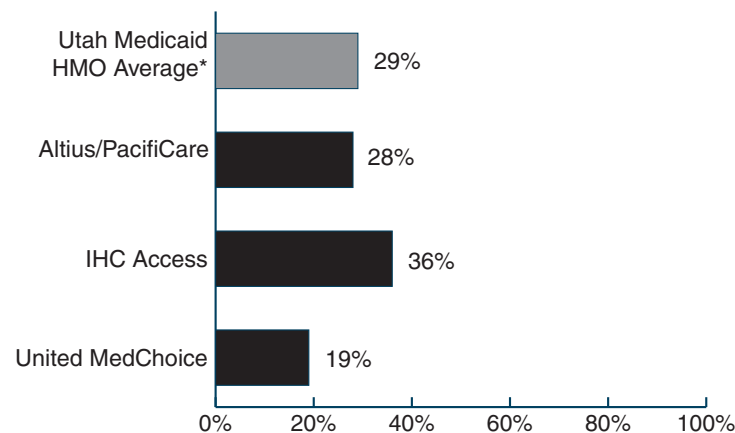
About half of the children in 3 Utah HMOs serving Medicaid enrollees had at least one well-child checkup in 1997 (top bar). The rate was 42% in Utah HMOs serving non-Medicaid enrollees. At a checkup, your child's doctor can update immunizations and track your child's growth and development. The American Academy of Pediatrics recommends yearly checkups for children from 3 to 6 years old. Regular visits to the pediatrician are a key part of preventive health care. Medicaid HMOs pay for well-child exams (CHEC-Child Health Evaluation and Care) from birth through age 20. Parents need to request these visits.



Well-care visits for adolescents

*Percentage of adolescents, ages 12 through 20, in Utah Medicaid HMOs who had at least one **checkup** in 1997*

Only 29% of adolescents in Utah Medicaid HMOs had a well-care visit in 1997 (top bar). Only 21% of adolescents in Utah HMOs serving non-Medicaid enrollees had at least one well-care visit. A well-care visit is a good way for your teens to get preventive care. The physician can also help you monitor the physical, emotional, and social development of your teen. Medicaid HMOs pay for well-care exams (CHEC) from birth through age 20.



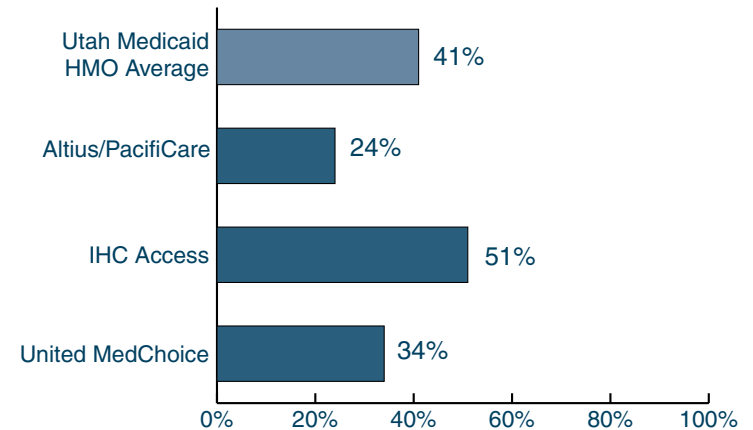
HEDIS (continued)

Childhood immunization

Percentage of children in the HMO who received immunizations

Less than half (41%) of the children in Utah HMOs serving Medicaid enrollees had received all of their recommended immunizations (or shots) by the age of two (top bar). The rate for children in Utah HMOs serving non-Medicaid enrollees was 60%.

The immunizations in this HEDIS measure are those which should be given to fully protect a child against preventable and serious illness. This measure is the percentage of children who by age two have received at least: four vaccinations against diphtheria, tetanus, and whooping cough; three polio vaccinations; one vaccination against measles, mumps and rubella; two hepatitis B vaccinations; and one vaccination against H influenza, type b. Parents need to request these immunizations.

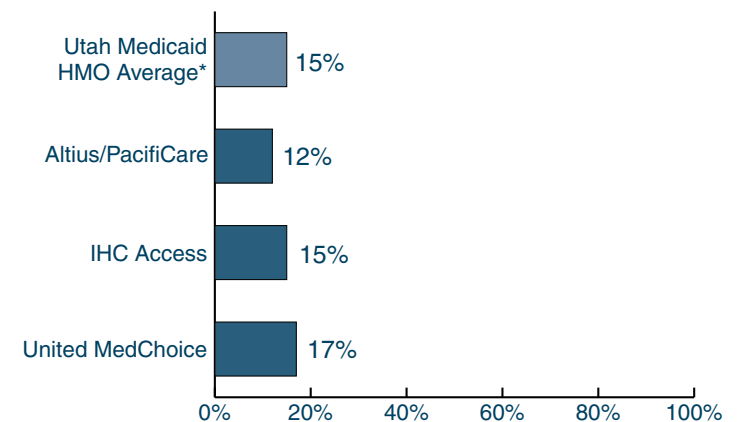


Cesarean section (C-section)

Percentage of births delivered by Cesarean section

The 1997 Utah Medicaid HMO average of 15% is the same as the C-section rate for Utah non-Medicaid HMOs (top bar). The National average for non-Medicaid HMOs is 21%. Overall, Utah has a lower rate of C-section delivery than the U.S. However, despite the low C-section rate, the variance in C-section rates between hospitals, payers and patient factors indicates there is room for improvement.

A C-section is a procedure for surgically delivering an infant. The United States has one of the world's highest C-section rates. It is widely believed that some C-sections are performed without valid medical reasons. C-sections, like all surgeries, require longer recovery times than a vaginal birth, and complications are more common among babies born by C-section.



* AFC and Healthy U did not have HEDIS data to report. Healthy U was not part of the Medicaid program in 1997 and AFC did not enroll members until mid-1997.

HEDIS (continued)

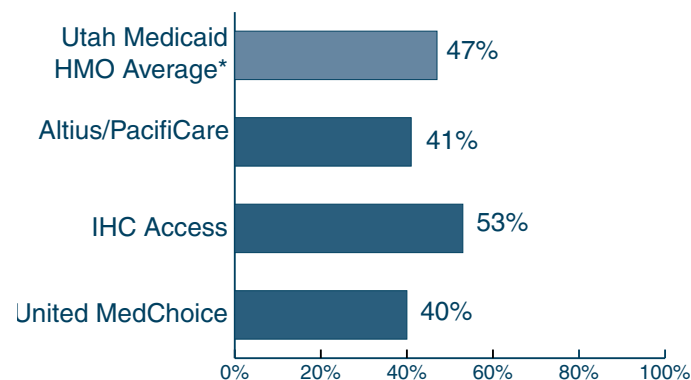
Breast cancer screening

*Percentage of women ages 52 through 69 in Utah Medicaid HMOs who had a **mammogram** (breast x-ray) within the last two years*

In Utah HMOs serving Medicaid enrollees, less than half (47%) of women ages 52 through 69 had a mammogram within the last two years. The rate was 65% for women in Utah HMOs serving non-Medicaid enrollees.

Breast cancer is the most common type of cancer among American women. Breast cancer screening can significantly reduce the risk of death from breast cancer. Mammograms are the most effective method for detecting small tumors. Early detection of the disease makes treatment easier.

The American Academy of Family Physicians (AAFP) recommends mammography for women ages 50-69 every 1-2 years. For women ages 40-49 with normal risk, the AAFP recommends that physicians counsel women about the potential benefits and harms from mammography screening.



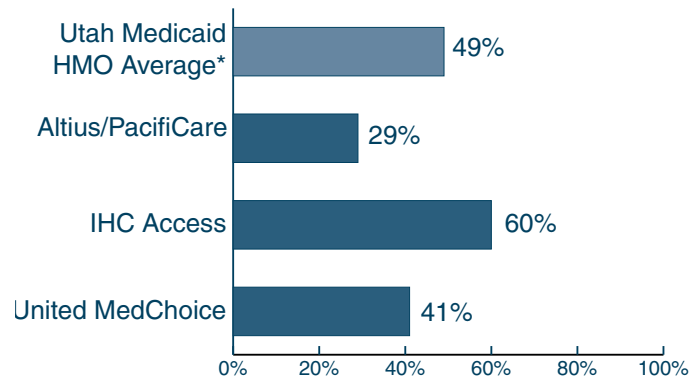
Cervical cancer screening

*Percentage of women ages 21 through 64 in Utah Medicaid HMOs who had a **Pap smear** (test for cervical cancer) within the last three years*

Less than half (49%) of women patients in Utah Medicaid HMOs had a Pap smear within the last three years. The rate was 61% for women in Utah non-Medicaid HMOs.

If found at an early stage, cervical cancer is usually treatable. Early detection prevents deaths from this disease. Cervical cancer can be detected in its early stages by using a Pap smear test. Pap smears have been credited with reducing the number of deaths from cervical cancer by as much as 75%.

The American Academy of Family Physicians recommends that all women who have ever been sexually active have a Pap smear at least once every three years.



Worksheet

On the chart below, write in HMO results on questions that are important to you. See the page numbers at the bottom of the chart to find the information you want.

	Which HMO plans are available in your area?	Which HMOs include your doctor?	Getting needed health care	Getting health care without long waits	HMO customer service	How people rated their health care	How people rated their HMO	Courtesy, respect & helpfulness of office staff	How well doctors communicate	HEDIS child/teen health	HEDIS women's health
AFC (American Family Care)	Davis, Salt Lake, Utah & Weber										
Altius	Davis & Salt Lake										
Healthy U	Davis, Salt Lake, Utah & Weber										
IHC Access	Davis, Salt Lake Utah & Weber										
United MedChoice	Davis, Salt Lake & Weber										
More information		ask your HPR	pg 9	pg 10	pg 11	pg 12	pg 13	pg 14	pg 15	pages 16,17	pages 17,18

**Please tear out
this page and
put it in a place
where you can
easily find it
when you need
information.**

HMO	Customer Service
AFC (American Family Care)	1-888-483-0760
Altius	801-323-6200 or 1-800-377-4161
Healthy U	1-888-271-5870
IHC Access	1-800-442-9023
United MedChoice	801-944-7010 or 1-800-401-0666

For information about choosing or changing your Medicaid HMO, call your HPR (Health Program Representative).

For more information about Medicaid benefits not covered by HMOs call:

Medicaid Information Line..... 1-800-662-9651 or 801-538-6155

Call for pharmacy, dental, chiropractic,
and transportation information

Bus passes Call your eligibility worker
Member Services Representative 801-538-6417 or 1-877-291-5583

For Mental Health Services Call:

Davis County (Davis Mental Health) 801-451-7799
Bountiful Outpatient Clinic (24 hrs) 801-298-3446
Layton Outpatient Clinic (24 hrs) 801-773-7060

Salt Lake County (Valley Mental Health)
North Valley Clinic 801-539-7000
West Valley Clinic 801-967-4405
South Valley Clinic 801-566-4423
East Valley Clinic 801-264-2315
24 Hour Crisis Line 801-483-5444

Utah County (Wasatch Mental Health) 801-373-4760
24 Hour Crisis Line 801-373-3793

Weber County (Weber Mental Health) 801-625-3700
24 Hour Crisis Line 801-625-3700

Utah Department of Health

Check Your Health Hotline (Health-related information and referral): 1-888-222-2542 M-F, 8 - 5

Baby Your Baby Hotline (Prenatal and child health care information): 1-800-826-9662 M-F, 8 - 5

CHIP (Children's Health Insurance Program) 1-888-222-2542 M-F, 8 - 5

Immunize by Two 1-800-275-0659 M-F, 8 - 5